

Service Vendor ACH Enrollment

1. Vendor Name (W-9 Line 1):

2. Business Name used on Invoices (if different from Line 1) (W-9 Line2):

3. Address: _____

4. E-Mail Address: _____

5. Phone Number: _____

6. Which service did you provide: _____

7. ACH (Direct Deposit) Payment

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Required E-mail Address: _____

Remittance Advice will be e-mailed when your ACH payment has been processed

8. Invoices received by noon on Monday will be paid following the payment schedule. Invoices can be e-mailed to payroll@yourfse.com; faxed (320) 258-3238 or mailed to PO Box 517, St. Joseph, MN 56374.

9. IRS Form W-9 is required to be submitted with this form for vendor enrollment.

Signature of Service Vendor

Date